

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:)	
Stephen Townsend et al.,)	Examiner: Nguyen, Nga X
Application No. 10/578,933)	Art Unit: 3662
Filing Date: 05/08/2006)	Confirmation No. 4533
For: GPS RECEIVER AND RELATED)	
METHOD AND APPARATUS)	

PETITION TO REVIVE ON THE GROUNDS OF UNAVOIDABLE DELAY

MAIL STOP: Office of Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Applicants hereby petition to revive the above-identified application on the grounds of unavoidable delay.

On November 4, 2009, an Office Action was issued and mailed to

NXP, B.V.
NXP Intellectual Property & Licensing
M/S41-SJ
1109 McKay Drive
San Jose, CA 95131

On August 6, 2008, an Assignment was recorded at Reel/Frame 021339/0708 assigning the above-identified application, among others, from NXP, B.V. to Geotate B.V.

On October 10, 2008, a Revocation of Power of Attorney with new power of attorney and change of correspondence address was filed changing the correspondence address for the above-identified application to the address associated with customer number 08791.

Adjustment date: 09/21/2010 CKHLOK
06/03/2010 INTEFSW 00006436 022666 10578933
01 FC:1452 540.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 09/15/10				2 Serial/Patent # 10/578,933					
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
	Filing							\$	
	Amendment							\$	
	Extension of Time							\$	
	Notice of Appeal/Appeal							\$	
X	Petition			Petition		09/15/10		\$ 540.00	
	Issue							\$	
	Cert of Correction/Terminal Disc.							\$	
	Maintenance							\$	
	Assignment							\$	
	Other							\$	
				7 TOTAL AMOUNT OF REFUND				\$ 540.00	
				8 TO BE REFUNDED BY:					
10 REASON:				Treasury Check					
	Overpayment			X		Credit Deposit A/C #:			
	Duplicate Payment					<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 9 0 2 -- 2 6 6 6 </div>			
X	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: L. Walsh				TITLE: Petitions Examiner					
SIGNATURE:				PHONE: 2-3206					
OFFICE: Office of Petitions									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED:				DATE: 9/21/10					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: